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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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| | | |
|---|-------------------------------|-----------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 60,130-1721/03MRA0169 |
| | First Named Inventor | David K. Platner |
| | COMPLETE IF KNOWN | |
| | Application Number | 10 / 656,841 |
| | Filing Date | September 5, 2003 |
| | Group Art Unit | 3683 |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ATTACHMENT ARRANGEMENT FOR A COMPOSITE LEAF SPRING WHICH
ACCOMMODATES LONGITUDINAL MOVEMENT THROUGH SHEAR DISPLACEMENT**

(Title of the Invention)

the specification of which

☐ is attached hereto **OR** as United States Application Number or PCT International

☒ was filed on (MM/DD/YYYY) 09/05/2003 (if applicable).

Application Number 10/656,841 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

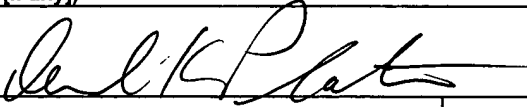
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--|--|--|
| | | | | YES | NO |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
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| | | |

DECLARATION — Utility or Design Patent Application

| | | | | | |
|---|--|--------------------------|---|--|---------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label | | 026096 | | OR <input type="checkbox"/> Correspondence address below | |
| Name David L. Wisz | | | | | |
| Address 400 W. Maple Road | | | | | |
| Address Suite 350 | | | | | |
| City Birmingham | | | State Michigan | | ZIP 48009 |
| Country United States | | Telephone (248) 988-8360 | | Fax (248) 988-8363 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name David K. (first and middle [if any]) | | | Family Name Platner or Surname | | |
| Inventor's Signature  | | | Date 3-15-03 | | |
| Residence: City Shelby | | State MI | Country US | | Citizenship US |
| Mailing Address 8999 Shelby Woods Drive | | | | | |
| Mailing Address | | | | | |
| City Shelby | | State MI | ZIP 48317-2556 | | Country US |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name Ramin (first and middle [if any]) | | | Family Name Rezakhanlou or Surname | | |
| Inventor's Signature | | | Date | | |
| Residence: City Murcia | | State | Country Spain | | Citizenship British |
| Mailing Address C/ Juan Ramon Jimenez, 107 | | | | | |
| Mailing Address 30720 Santiago de la Ribera | | | | | |
| City Murcia | | State | ZIP | | Country Spain |
| <input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

Customer Number
or Bar Code Label

026096

OR ☐

Correspondence address below

Name **David L. Wisz**Address **400 W. Maple Road**Address **Suite 350**City **Birmingham**State **Michigan**ZIP **48009**Country **United States**Telephone **(248) 988-8360**Fax **(248) 988-8363**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name **David K.**
(first and middle (if any))Family Name **Platner**
or SurnameInventor's
Signature

Date

Residence: City **Shelby**State **MI**Country **US**Citizenship **US**Mailing Address **8999 Shelby Woods Drive**

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City **Shelby**State **MI**ZIP **48317-2556**Country **US**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name **Ramin**
(first and middle (if any))Family Name **Rezakhanlou**
or SurnameInventor's
SignatureDate **19 Sept 2003**Residence: City **Murcia**

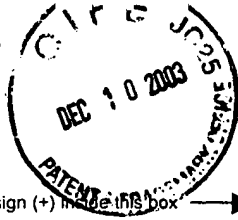
State

Country **Spain**Citizenship **British**Mailing Address **C/ Juan Ramon Jimenez, 107**Mailing Address **30720 Santiago de la Ribera**City **Murcia**

State

ZIP

Country **Spain**☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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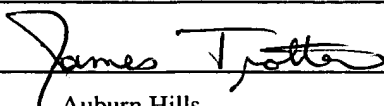
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

| | | | |
|--|--------------|---|----|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| James | | Trotter | |
| Inventor's Signature  | | Date <u>7-21-03</u> | |
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| Country | US | Citizenship | US |
| Mailing Address 4470 North Squirrel Road | | | |
| Mailing Address | | | |
| City | Auburn Hills | State | MI |
| ZIP | 48326 | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| Country | | Citizenship | |
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| Mailing Address | | | |
| City | | State | |
| ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
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